Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
County of Los Angeles				Form 802
Division, Department, or Region (If Application)	ble)		1	For Official Use Only
Board of Supervisor, First District		and the second s	1	
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator			DAmondment (Market	To side analogo (in Cod O)
Area Code/Phone Number E-mail				rovide explanation in Part 3.)
213-974-4111 bgarcia@bo	os.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			2	3.00
Does the agency have a ticket policy?		Face Value o	of Each Ticket/Pass \$	3.00
Event Description Natural History Museu	m relagation	Date(s)		01 02 2020
Ticket(s)/Pass(es) provided by agency?	****	Natura	al History Museum	
VA/ At-last distribution made at the back and			Name of Sou	Irce
Was ticket distribution made at the behest of agency official?	No 坚 Yes	If yes:	Official's Name (L	ast, First)
3. Recipients			**************************************	
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency and a to identify the agency are agreement of the section A to identify the agency and a to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the section A to identify the agency are agreement of the agency and a to identify the agency are agreement of the agency and a to identify the agency are agreement of the agency and a to identify the agency are agreement of the agency and a to identify the agency are agreement of the agency and a to identify the agency are agreement of the agency are agreement of the agency and a to identify the agency are agreement of the agency and a to identify the agency are agreement of the agency and a to identification are agreement of the agency and a to identify the agency are agreement of the agency and a to identify the agency and a to identify the agency are agreement of the agency and a to i		ection B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	average and the state of the st
B. Name of Individual	Number of			an this agains
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other	Income
		if checking Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other Lial Role" or "Other" describe below:	Income
		il checking Celemon	al Role of Other describe below.	
C Name of Outside Organization	Number of			YEZZ W J. C
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		1		
l. Verification		111		
I have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Barba	ara Garcia	Ticke	t Administrator	7/7/2019
Signature of Agency Head or Designee	Print Nan	ne L	Title	(Month, Day, Year)
Comment:				

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distribution

	onico ana mo	illoui doc	Distributions		A Public Documer
Agency Name				Date Stamp	California 802
County of Los Angeles					Form OU2
Division, Department, or	Region (If Applicable	9)			For Official Use Only
Board of Supervisor, Firs	t District			3	
Designated Agency Con	tact (Name, Title)]	
Barbara Garcia, Ticket A	dministrator			[] Amondment (Marks	rouide contending in Ded 2.)
Area Code/Phone Number				Amendment (Must p	rovide explanation in Part 3.)
213-974-4111	bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Ir				2	3.00
Does the agency have a			Face Value of	of Each Ticket/Pass \$ _	
Event Description Natura	al History Museum		Date(s)		01 02 2020
	Provide Title/Expi		Natura	al History Museum	oraci da como esta de la como e
Ticket(s)/Pass(es) provid	ed by agency?	Yes No	ĭ If no: ☐	Name of Sou	ırce
Was ticket distribution ma	ade at the behest	No⊠ Yes	If yes:		
of agency official?				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the a	igency's department or	unit. • Use Se Number of	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Dep	artment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff		2	Per Ticket policy 5.3	(k)	
B. Name of Indi	vidual	Number of			
(Lest, First		Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income
			Ceremonial Role	Other	Income
	A SECTION OF THE SECT		If checking "Ceremoni	ial Role" or "Other" describe below:	
C. Name of Outside C		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant i	to the agency's policy
Verification	A COUNTY AND A COU				0.3
Ver 110'310'N	20 10100	10040 (erified that the distribution set for	odh shove is in accordance with	w w
	Regulations 18 <u>944.1</u> and	10942. I nave ve			the requirements
Maye read and understand FPPC		a Garcia	Loss 19	t Administrator	7/7/2019

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
Agency Name			Date Stamp	California QA2
County of Los Angeles	***************************************			Form 802
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District]	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must or	ovide explanation in Part 3.)
Area Code/Phone Number E-mail		wallow American Control of the Contr		OVICE EXPLORATION IN THE BIT OF
213-974-4111 bgarcia@bos	.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			2:	3.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	5.00
Event Description Natural History Museum Provide Title/Expla		Date(s)		01 02 2020
Ticket(s)/Pass(es) provided by agency?	outside a versión de la constante de la consta	lf no: Natura	l History Museum	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Name of Sou	
			Oniciai s Name (L	ast, rirst)
Recipients Use Section A to identify the agency's department or use.	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ig:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	Pass(es)			
Verification				
I have read and understand IPPC Regulations 18944.1 and				the requirements.
Barbara	Garcia	Ticket	t Administrator	7/7/2019
Signature of Agency Head or Designee	Print Nan	me	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				101111
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator		*		
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			<u></u>	2.00
Does the agency have a ticket policy?		Face Value o	of Each Ticket/Pass \$	3.00
Event Description Natural History Museum Provide Title/Expl.) anation	Date(s)	<u> </u>	01 02 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Natura	al History Museum Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
. Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to ident	tify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	a wife parameters with a market of the	lic purpose made pursuant	The State of State of the State
Staff	2	Per Ticket policy 5.3	(k)	
	Number of		Single Jersenser W.	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
N		Ceremonial Role If checking "Ceremoni	Other describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other Other Other Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification	400.40.44	-		
Parhara	<u>18942. I have v</u> a Garcia		50 pt (0) (0)	
Signature of Agency Head or Designee	Print Nan		t Administrator	7/7/2019
	riin Nan		Title	(Month, Day, Year)
Comment:				

ket/Pass	Distributions		A Public Documen
Agency Name County of Los Angeles Division, Department, or Region (If Applicable)			
e)			
clacounty o	OV.		provide explanation in Part 3.)
Yes⊠ No	Face Value o	of Each Ticket/Pass \$	23.00 (Month, Day, Year) 23.00 (2020)
No⊠ Yes	If yes:	Official's Name	(Last, First)
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	The letter was to the
Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Other	Income _
	Secretary sample and control of the supplemental and	52000000000000000000000000000000000000	Income [
Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuan	t to the agency's policy
148040 15	erified that the distribution sot to	orth above to in accordance	346 AL
	s.lacounty.g Yes No No Yes unit. • Use Se Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	s.lacounty.gov Yes No Face Value of Date(s) No Yes No If no: Natura No Yes If yes: unit. • Use Section B to identify an individu. Number of Ticket(s)/ Pass(es) Per Ticket policy 5.3 Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremonial Role If checki	Date Stamp Amendment (Must

1. <u>Ag</u>	ency Name			Date Stamp	A Public Documen
Cou	nty of Los Angeles				Form OUZ
Divi	sion, Department, or Region (If Applicable))			For Official Use Only
	rd of Supervisor, First District	*			
Des	ignated Agency Contact (Name, Title)				
	oara Garcia, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
	a Code/Phone Number	.lacounty.g	ov	Date of Original Filing:	2
2. Fu	nction or Event Information				23.00
	s the agency have a ticket policy? Natural History Museum	Yes⊠ No	Face Value	of Each Ticket/Pass \$	
Eve	nt Description Natural History Museum Provide Title/Expla		Date(s)		01 02 2020
Tick	et(s)/Pass(es) provided by agency?	Yes□ No	If no: Natu	ral History Museum	
10/	All-land all-lands and a second a second and	1		Name of So	ource
	sticket distribution made at the behest agency official?	No⊠ Yes	If yes:		
01	0 = 7			Official's Name ((Last, First)
B. Re	cipients section A to identify the agency's department or i	unit. • Use Se	ection B to identify an individ		
B. Re	cipients Section A to identify the agency's department or to Name of Agency, Department or Unit	unit. • Use Se Number of Ticket(s)/ Pass(es)	property and the property		ntify an outside organization.
B. Red	Section A to identify the agency's department or Name of Agency, Department or Unit	Number of Ticket(s)/	property and the property	dual. • Use Section C to iden	ntify an outside organization.
A.	Section A to identify the agency's department or in Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	dual. • Use Section C to iden	ntify an outside organization.
A.	Section A to identify the agency's department or Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	dual. • Use Section C to iden	ntify an outside organization. t to the agency's policy
A. Staf	Section A to identify the agency's department or Name of Agency, Department or Unit f	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per Ticket policy 5.3	dual. • Use Section C to identific purpose made pursuants (k)	ntify an outside organization. t to the agency's policy
A. Staf	Section A to identify the agency's department or Name of Agency, Department or Unit f	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per Ticket policy 5.3 Ceremonial Role If checking "Ceremo	dual. • Use Section C to identific purpose made pursuant B (k) Identify one of the follow	ntify an outside organization. It to the agency's policy
A. Staf	Section A to identify the agency's department or Name of Agency, Department or Unit f	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per Ticket policy 5.3 Ceremonial Role If checking "Ceremo	dual. • Use Section C to identiblic purpose made pursuant B (k) Identify one of the follow Other or "Other" describe below:	itify an outside organization. It to the agency's policy Ing:

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 7/7/2019 Signature of Agency Head or Designee Print Name (Month, Day, Year) Comment: FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

			פווסוווטמווופוע		A Public Documer
Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Region	(If Applicable,	4	For Official Use Only		
Board of Supervisor, First Distric	ct	No.			
Designated Agency Contact (Nar	ne,Title)]	
Barbara Garcia, Ticket Administ	rator			Amendment (Must pr	avida evalanation in Dest 23
	mail			, <u> </u>	ovide explanation in Part 3.)
	garcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Informa				23	3.00
Does the agency have a ticket po		Yes⊠ No	Face Value o	of Each Ticket/Pass \$	
Event Description Natural Histor	The action would be a second of the second		Date(s)		01 02 2020
	ovide Title/Expla		Natura	al History Museum	- Andre Salar andre summe summer summ
Ticket(s)/Pass(es) provided by ag	gency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution made at th	e behest	No⊠ Yes	☐ If yes:		
of agency official?		100	il yes.	Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency's d	lepartment or u		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department o	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff		2	Per Ticket policy 5.3	(k)	
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followin Other Other fellow:	g: Income [
			Ceremonial Role If checking "Ceremoni	Other I all Role" or "Other" describe below:	Income
C. Name of Outside Organizati (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
Verification					
Verification The read and orderstand FIPPO Regulation					
	ns 18944.1 and Barbara		Ticke ⁻	orth above, is in accordance with t Administrator	the requirements. 7/7/2019 (Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				1 OIM
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District		A STATE OF THE STA		
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail		200	Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			23	3.00
Does the agency have a ticket policy?		Face Value o	f Each Ticket/Pass \$	5.00
Event Description Natural History Museum Provide Title/Expl.	anation	Date(s)		01 02 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Natura	l History Museum	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
Recipients • Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the section A to identify the agency at the agency at the section A to identify the agency at t	unit ellse Se	action R to identify an individu	ral - Nea Section C to identif	for an autoide auronintin
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the strength of the strength of	lic purpose made pursuant t	NOTES THE COLD THE LATE OF THE
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	g:
		Ceremonial Role	al Role" or "Other" describe below: Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Verification I have lead and underspond FPPC Regulations 18944.1 and		adfied that the distribution set fo	rth above, is in accordance with	the requirements.
Barbara Signature of Agency Head or Designee	Garcia		t Administrator	7/7/2019 (Month, Day, Year)
Comment:				(mornin, bay, real)

Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Document
. Agency Name			Date Stamp	California OOO
County of Los Angeles			·	Form 802
Division, Department, or Region (If Applicable)	ile)			For Official Use Only
Board of Supervisor, First District	MANAGEMENT OF THE STATE OF THE		1	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bc	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?		Face Value o	of Each Ticket/Pass \$	3.00
Event Description Natural History Museum	m	Date(s)	,	01 02 2020
Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Natura	History Museum	
Was ticket distribution made at the behest	No⊠ Yes		Name of Sou	II 445
of agency official?	NO Yes	If yes:	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or	runit. • Use Se	ection B to identify an individu	ıal. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other Other" describe below:	Income C
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy
Verification				
Paye read and understand FPPC Regulations 18 <u>944.1 an</u>	d 18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements
	ra Garcia		t Administrator	7/7/2019
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
				(monus, Day, Ital)
Comment:				

Ceren	nonial Role Events and	Ticket/Pas	s Distributions		A Public Document
1. <u>Ag</u> e	ncy Name			Date Stamp	
Coun	ty of Los Angeles			***	Form 802
Divisi	on, Department, or Region (If Ap	plicable)		<u> </u>	For Official Use Only
Board	of Supervisor, First District	nace and decomposition of the second of the			
	nated Agency Contact (Name, Titl	e)		1	
Barba	ra Garcia, Ticket Administrator				
the same of the sa	Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
		@bos.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
. Fund	ction or Event Information				
Does	the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 23	3.00
Event	Description Natural History Mu		Date(s)		01 02 2020
Ticket	(s)/Pass(es) provided by agency		o ⊠ If no: Natura	l History Museum	
	cket distribution made at the beh	nest No⊠ Yes	s If yes:	Name of Sou	
. Reci	pients				
	ection A to identify the agency's departm	nent or unit. • Use Se	ection B to identify an Individu	al. • Use Section C to identif	ly an outside organization
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the state of the s	lic purpose made pursuant t	Side to the fact of the first of the first
Staff		2	Per Ticket policy 5.3	(k)	
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking "Ceremonia	Other all Role" or "Other" describe below:	Income
	1		Ceremonial Role If checking "Ceremonia	Other Dai Role" or "Other" describe below:	Income
C .	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
				The second secon	
	cation				
I here rea	nd and understand FRP1 Regulations 1894				the requirements.
100	Was Clark	arbara Garcia		Administrator	7/7/2019
Sig	nature of Agency Head of Designee	Print Nam	ne	Tille	(Month, Day, Year)
Comm	ent				
Commi	VIII.				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

eremonial Kon	Lacinta and 11	oncour do			A Public Docume
Agency Name				Date Stamp	California 80
County of Los Ange	les				Form OU
Division, Departmen	nt, or Region (If Applicat	ble)		4	For Official Use Only
Board of Supervisor	, First District	- Maria	William Control of the	1	
Designated Agency	Contact (Name, Title)	78*************************************]	
Barbara Garcia, Tick	et Administrator			.	
Area Code/Phone N				Amenament (Must)	provide explanation in Part 3.)
213-974-4111	bgarcia@bo	os.lacounty.g	lov	Date of Original Filing:	(Month, Day, Year)
Function or Eve				-	23.00
Does the agency have	ve a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	23.00
Event Description N	atural History Museu	The second secon	Date(s)		01 02 2020
	Provide Title/Ex		Natura	al History Museum	
Ticket(s)/Pass(es) pr	rovided by agency?	Yes No	If no:	Name of Sc	urce
	n made at the behest	No⊠ Yes	If yes:		
of agency official?			11) 00.	Official's Name (Last, First)
Recipients					
Use Section A to identify	the agency's department o		ection B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency	, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff		2	Per Ticket policy 5.3	(k)	
	of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
			Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
C. Name of Outs (include addres	side Organization is and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	RDC Damilia				
Verification	4	d 18942. I have ve ra Garcia		rth above, is in accordance wit t Administrator	h the requirements. 7/7/2019

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document		
1. Agency Name			Date Stamp	California QA2		
County of Los Angeles	V		***	Form 802		
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)					
Board of Supervisor, First District			1			
Designated Agency Contact (Name, Title)						
Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail	une 1000	07.500	Amendment (Must p	rovide explanation in Part 3.)		
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			2	3.00		
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	5.00		
Event Description Natural History Museum Provide Title/Exp.		Date(s)	<u> </u>	01 02 2020		
Ticket(s)/Pass(es) provided by agency?		Natura	al History Museum			
			Name of Soi	Irce		
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)		
. Recipients						
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
Staff	3	Per Ticket policy 5.3	(k)			
			W. C.			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:		
	Pass(es)	Ceremonial Role	Other			
		100 01 000 000	ial Role" or "Other" describe below:	Income		
L		Ceremonial Role	Other	Income		
		[1] SECOND SECON	al Role" or "Other" describe below:	income _E		
C Name of Outside Organization	Number of			2007 - Table 1		
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy		
. Verification		21.				
I lave read and understand FRPO Regulations 18944.1 and						
The local distriction of the local distriction	a Garcia		t Administrator	7/7/2019		
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)		
Comment:						